FOR STATE HEALTH DEP

sory, please for. Poge our files. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If any delay is necessed execute the certificate, writing a ward "pending" in pendi in Item 18. Give Pages 1, 2, and 34-the funeral 4 should be anded to the if Medical Examiner's Office along with form PM3. Page 5 in the retained for TO FUNERAL Directors: Page 3 should be used as a burial-tronsit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event-within 72 hours after death.

4 should be

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6691 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116682

Reg. Dist. No.

		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
		COUNTY CLARLES MARYLAND	O. STATE TO S b. COUNTY Charles
	Ь	. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	1	NALANGE (PURAL) (640	X MALJARE (D. O)
	d	. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital, give street goldress)	d. STREET ADDRESS
K		more	VES NO
	3. !	NAME OF First Middle	Lost 4. DATE Month Doy Year
		Type or print) SOSEFH ITAROLD.	50 FIFY DEATH JUNE 27 1959
2	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years lest big year) If UNDER 1YEAR IF UNDER 24 HIS. Months Days Hours Min.
		WIDOWED DIVORCED	1/1 / /6 /7/43 / (2 yr.)
	10a.	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRUCTION OF SUSINESS OF	11. BY THPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		School	MARYLAND U.S.A
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	1	HOMAS HAROLD DERRY	VIOLET E. DEMENT
		no, at unknown) (If yes, give war or dates of service)	FORMANT Address NALDOFF.
		NO NONE /	IDLET E GERRY Tood
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	han 4 min
		835 X DUE TO , 00	2. 14
V		Conditions, if ony, which) (b) Mactor Fall	lug on cliest 4 min
		gove rise to immediate cause (a), stating the underlying DUE TO	
		couse lost. (c)	No. 1 west
	8	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	CERTIFICATION	none	PERFORMED? YES NO
	L	200. EXTERNAL CAUSE WAS PRIMARY DO CONTRIBUTING CAUSE OF DEATH.	nter noture of injury in Port I or Port It of item 18.)
		The work of the	en-tractor overhuned.
a	WEDICAL		E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
8	ME		RM WALDORF, CHARLES, MD
		21. I certify that I took charge of the remains described above	ve, held an Autopsy , Inspection , Inquiry and in my
		opinion death resulted fram: ,Natural causes	Suicide , Hamicide , Undetermined monner
		-/2/1.+/-	
		SIGNATURE / 2 WOLLDY	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
2		EXAMINER'S 1/D 1	ASSISTANT MEDICAL EXAMINER [] 6-27-59
		NAME (Type) VIB, DE 770R	DEPUTY MEDICAL EXAMINER (1)
33	220.	BURIAL CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (5)61e)
		prial 0-30-54 MRLINGT	ON THAT HALINGTON UA
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. MEGISTRAR'S SIGNATURE
		Mond I want Home MA!	QURT DATE JUN 3 0 '59 Colour & Hours
			N/12t

ng s' Chipples (1, 1, ELE WALTONE (Paper) is you with JORF (Severally) M 2050 1 1 MAN 19 203 18 77117 11.11Vi 1 3 W A: H: ご THOMAS TONE FIGLER = ERERY and is so sig FRAING THE FIRE I SEE I SEE I FOR there of wared were Widon't an account

sary, please tar. Page our files. of Health,

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the certificate, writing ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 32, the funer 4 should be? and each in the funer 5 barded to the fine of the following property of the foll

TO DEPUTY MEDICAL EXAMINER:

4 should be 7

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6692 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116683

Reg. Dist. No.

1. PLACE OF DEATH	arles		MARYLAND	O. STATE	Maryla		lived. If institut b. COUNTY	ion: Residence be Charl	
b. CITY OR TOWN (I	ta (Rura)		c. LENGTH OF STAY IN 16	-	own (II out Plata		ote limits, write lural)	RURAL ond give	negrest town)
d. NAME OF HOSPIT	AL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET AD	DRESS				e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF DECEASED (Type or print)	Fin George		Middle Kennith	Bowie	204	DATE OF DEATH	Month June 2		Year 19 59
5. SEX			DE NEVER MARRIED			9.	AGE (In years	,	IF UNDER 24 HRS
Male	White	WIDOWED	DIVORCED [January :	-	935	24 yrs.	Months Days	Hours Min.
during most of working Truck Dr	ng life, even if retired)		ind of Business of Indus				aryland		.S.A.
13. FATHER'S NAME				14. MOTHER'S M	AIDEN NAM	\E	437		
George	Richard H	Bowie		Cora	E. Al	vey			
15. WAS DECEASED EV	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Address		
No		Ye	M.	ary L. Box	wie- W	life			
Conditions, if a gave rise to imme (a), stoling the couse last.	diote cause underlying DUC TO	and	I Fraction	e of le	148	Pem	uro	ud	
PART II. OT		Lon	NTRIBUTING TO DEATH BUT	NOT RELATED TO TH	HE TERMINAI	L DISEASE CO	ONDITION GIVE	EN IN PART 1(o)	PERFORMED? YES NO D
	NIKIBUTING 2	600	how MURY OCCURRED.	dongs	2 tru	rch	onto to	Read of	decease
20c. TIME OF INJU	6-2319		1 100	ACE OF INDURY (H6 clory, street, office of CTORY	the, form, indig., etc.)	Zu F	lata,	Charle	es, Sud
			emains described ab auses [], Accident	-	* * be		ection Y , , Undeter	Inquiry L mined mann	
ACTUAL SIGNATURE	VBD	ett		M.D.	DICAL EXAM		,	21	DATE SIGNED
EXAMINER'S NAME (Type)	V. B.	DE	TTOR	ACT.	T MEDICAL EXA		1 6-	24-	3 /
220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL)	6/25/195		22c. NAME OF CEMETERY O Dentdville -				N (City, town, or Ville,	r county) Marylan	(Slote)
23. FUNERAL DIRECTOR	'S SIGNATURE	N STE	ADDRESS	2	40. REC'D 81	Y REGISTRAR	24b. REGIS	TRAR'S SIGNATU	RE
Archart Fu	meral Home	, Inc	La Plata	. Md.	DATEUN 2	9 '59	Cut	un S. Krou	4

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TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Charles 1101. ESTREAM el/10201/102 Harless.110 James Harden Brulings June Male Can 1500 Sept 1, 1840 68 Rotinster Maryland U.S.A. James M. Bouling Gertrude 220.07-27.5115 James H Bowling Hughes ville III. BINION 6-13-59 SE MAYUS Bryantour, Irld. To Burt I were I form Warders Mid. and Walls ATTENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OR A may be retain by TO FUNERAL Dy page 3 should be a

VS A1S (4) 15M 9/55

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1)	6	6	8	5
		-	V	-	47

6694 CERTIFICATE OF DEATH

Reg. Dist. No.

	0	LACE OF DEATH	harles	MARYLAND	2. USUAL RESID	DENCE (Where decease	ed lived. If instituti b. COUNTY	on: Residence	before admission)
		RURAL one give	gost	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If outside corp	porate limits, write R	URAL and giv	e nearest town)
	(OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	d. STREET A	Bricke	11 Ave		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED Type or print)	ANNIE	Marie	Burl	4. DATE OF DEATH	J JU	we.	Day Yeor 28 19.59
	5. S	F	6. COLOR OR RACE 7. MAR WIDOW	the same of the sa	Jul 15	1879	9. AGE (In years lost birthday) 7 9 yrs.		YEAR IF UNDER 24 HRS. ays Hours Min.
1		TOUS =	ON (Give kind of work done 10b rking life, even if retired)	WN HOM	JSTRY 11. BIRTHPL	CE (State or foreign	country)	12. CITIZI	EN OF WHAT COUNTRY?
1	13.	FATHER'S NAME	am Egen	itors	14. MOTHER'S May	MAIDEN NAME	+ UN	K	
	1S. Yes,	WAS DECEASED EV	ER IN U. S. ARMED PORCES? 16 (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	it Burk	le War	Hort	Md.
	·		ATH [Enter only one cause per I ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine for (a), (b), and (c).]	ind In	Jon Die	^	7)	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if a		Hende,	Cent	June.	Rene D		
	7	cotse (o), stating lying couse lost.	the under- DUE TO (c)	age	PM	cen-			
0	CERTIFICATION		THER SIGNIFICANT CONDITIONS	0	· ·			'EN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING	MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR					
	MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	While		LACE OF INJURY (Footbory, street, office	lome, form, bldg., etc.)	ly or town)	(Cou	enty) (Stote)
		21. I certify the alive an ACTUAL	hat I attended the decea	sed from	n accurred at		- v	ind an the	at saw the deceased date stated above. DATE SIGNED
1		PHYSICIAN'S NAME (Type)	Richard	N. Dobson	M.D	32 page	wm,	ml	-28-59
	220.	BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREOF 7-1-59	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCA	ATION (City, town, o	or county)	P3 (Stote)
	77	FUNERAL DIRECTOR	Eneral Home	Wolfer)	my.	24a. REC'D BY REGIS		rthun 8.	

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FOR STATE HEALTH DEP sary, please tar. Page our files. M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is nearly execute the castificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3. The funeral 4 should be and an interest of Medical Examiner's Office along with form PM3. Page 5 to be retained Item, TO FUNERAL DIRECTOR: Page 3 mould be used as a burial-transit permit. File pages 1 and 2 with the State Board.

VS. AISME 5M 2/57

ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6695 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	1. PLACE OF DEATH COUNTY Charles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles
	b. CITY OR TOWN (If cutside corporate limits, write EURAL and give negret town) La Plata 16 Hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Potomac Heights, Maryland
6	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Physicans Memorial Hospital	d. street address e. is residence on a farmer vest No.
	3. NAME OF DECEASED (Type or print) DONALD ALFRED	CONNER 4. DATE Month Day Year OF DEATH JUNE 13 1959
	Male White WIDOWED DIVORCED A	DATE OF BIRTH 9. AGE (In years left birthday) 1951 9. AGE (In years left birthday) 7 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student at School	Washington, D.C. 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Richard C. Conner	14. MOTHER'S MAIDEN NAME Naomi E. Sherman
1	I yes no. as unknown) I (If yes nive was as dates of service)	Address Richard C. Conner - Potomac Heights , Md.
/	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUP TO Conditions. If any, which gave rise to immediate cause (a), stating the underlying (c). DUE TO Couse last, Chapter Significant Conditions CONTRIBUTION TO DEATH BUT A)	Hemorrhage What Aomis well Fracture 16th, 40 mis or related to the terminal disease condition given in Part 1(9)[19. Was autopsy
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (EI CAUSE OF DEATH.	VES NO DE
		nter nature of injury in Part 1 or Part II of item 18.)
8	Hour While Not while tocto	
	ACTUAL SIGNATURE DA Dettoy	_M.D. CHIEF MEDICAL EXAMINER
	EXAMINER'S V. B. DETTOR, M.D	ASSISTANT MEDICAL EXAMINER (2) 6-13-59
	220. BURIAL CREMATION, 22b. DATE THEREOF PURIL (Specify) 6/15/1959 Full Gosphel C	(3.010)
	Archart Funeral Home . Inc La Plata	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Md. DATE JUN 1 7 '59 Outland & Kinga

	THE RESERVE OF STREET			
	Service Committee of the Committee of th			
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PACTURE III

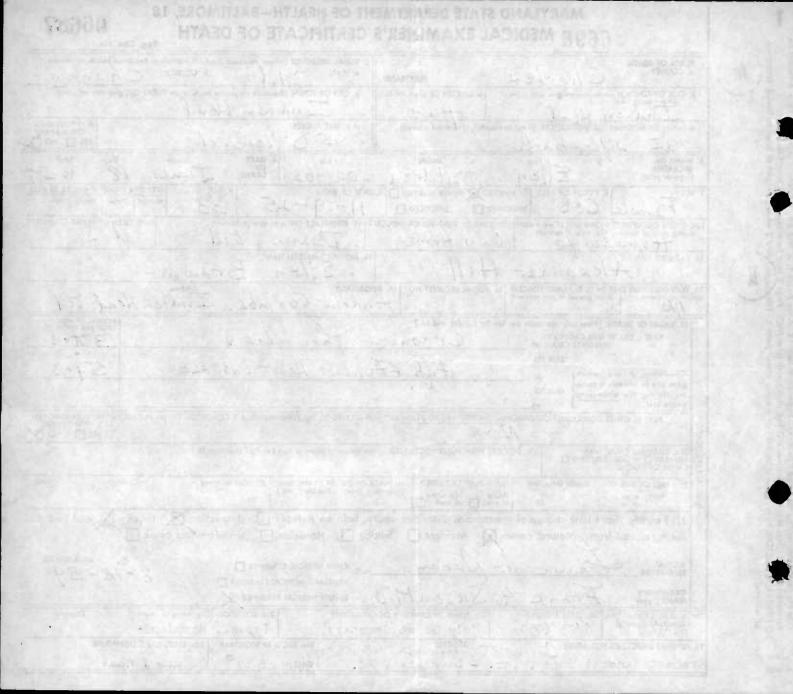
PLACE OF DE a. COUNTY

b. CITY OR TO

MARYLAND STATE DEPARTME			116687
THE Charles MARYLAND	2. USUAL RESIDENCE (Where deceased I	b. COUNTY	harles
WN (If outside corporate lignits, write RURAL c. LENGTH OF STAY IN 16 epi town) 1 2 4 4 5	c. CITY OR TOWN (If autside corpora	le limits, write RURAL and g	give nearest town)
OSPITAL OR INSTITUTION (If not in hospital, give street address) Diffenback	d. STREET ADDRESS	ch	e. IS RESIDENCE ON A FARM? YES NO
Ellen Dildred	Coombs DEATH	June 1	8 19 5 9
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.		and bright days	YEAR IF UNDER 24 HRS. ays Hours Min.
UPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTION Working life, even if retired) USE W 40 OWN HOME	11. BIRTHPLACE (State or foreign count ISSue 101	d. 12. CITIZI	en of what country?
ME Alexander Hill	14. MOTHER'S MAIDEN NAME B	rdwher	
SED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	ndriw Coombs,	India He	ed. 028.
F DEATH [Enter only one cause per line for (o), (b), and (c).] I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) COPONIGE COPONIGE	Thrombasis		INTERVAL BETWEEN ONSET AND DOATH
if any, which (b) Hugh 24	Ensure Heart Dis	6975	5415
the underlying DUE TO			

d. NAME OF NAME OF DECEASED (Type or print) 5. SEX 10a. USUAL OCC during most of 13. FATHER'S NA 15. WAS DECEA NO unknown) 18. CAUSE C PART Conditions, gove rise to (a), stoting cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED Jone YES | NO 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY 20f. (City or town) factory, street, affice bldg., etc.) While Nat while at work Haur a. m. p. m. 21. I certify that I toak charge of the remains described above, held an Autapsy and find that Undetermined cause Suicide Homicide death resulted fram: ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) 959 Holy Ghost Cemetery Maryland Issue 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Arehart Funeral Home - La Plata DAMIN 2 5 '59 Inc. arthur & Thous

VS. A15ME(5) 5M 9/55



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		669	7	CERTIF	IC	ATE OF D	EATH	1		Reg. Di			0
. P	Charles			MARYL	AND	2. USUAL RESIDE			b. COUNTY	1		ore admiss	ion)
b	. CITY OR TOWN (If RURAL and give nea	outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 16	c. CITY OR T	OWN (If o	utside corp	orote limits, write	RURAL and	give ne	arest town	1)
17	LePlata	note		- XXXXXXX 25-1	Daw	Accole	ek Md.		16	X - 2			
	OR INSTITUTION	L (If not in hospitol, g lemorial F		tal, LaPlata	Md	d. STREET A Rural	DDRESS		4 4			o. IS RES	IDENCE FARM? NO
D	IAME OF SECEASED Type or print) Ca	therine Cl		t Dent Middle		losi		4. DATE OF DEATH	6-25-59 Mo	nth	Do		Year
SI	EX		7. MAR	RIED NEVER MARRIED		B. DATE OF BIRTH	1		9. AGE (In years lost birthdoy)			IF UNDE	
1	omale	W-US	WIDOW	ED DIVORCED		5-22-82			77 yrs	Months	Doys	Hours	Min.
	USUAL OCCUPATION during most of working 15e—Wife	N (Give kind of work on the life, even if retired	done 10b	. KIND OF BUSINESS OR	INDU				ounty, Md.			F WHAT	COUNT
3. F	ATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	John Thoma	s Clagett				Julia 1	Hawkir	15					
5. \ Yes.		IN U. S. ARMED FOR		SOCIAL SECURITY NO.		INFORMANT				dress			
N		None		None	D	aughter-1	irs.Ju	ılia I	Hungerfor	d			
CATION	Conditions, if any gove rise to im cause (a), stating the lying cause last. PART II. OTHE None	ne under-)	inoma left I			THETERMI	NAL DISEAS	SE CONDITION GI	VEN IN PAR		PERFO	RWEDS-
1	200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY N	CAUSE OF DEATH		CRIBE HOW INJURY OCC								YES []	NO-E
1	20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Yes	While		0e. PL fo	ACE OF INJURY (I ctory, street, office	tome, form, bldg., etc.	20f. (Cit	y or town)	((County)		(Stote
	actual SIGNATURE		19.	sed from 5-31-59, and that d		n accurred at	12;55	M, from		and an t		te state	
220.	BURIAL, CREMATION REMOVAL (Specify)	\$ 226. DATE THEREO		Arlington					TION (City, town, lington,	,,,	inis	(Stote	•)
3. F	Arehart Fi	uneral Hom	une	Inc. La Plat	, 1	Md.	240. REC'D			STRAR'S SIG			

	CERTIFICATE OF DEATH
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VS. A15ME BM 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8698 MEDICAL EXAMINED'S CEDTIFICATE OF DEATH

	WEDICAL EXAMINER	Reg. Dist. No.	
	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before	e admission)
	Chalres MARYLAND	o. STATE Maryland b. COUNTY Charles	
	c. LENGTH OF STAY IN 1b and give repress fown!	c. CITY OR TOWN (If outside corporate limits, write RURAL and give near	rest lown)
	La Plata	X Bryantown Rural	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e	. IS RESIDENCE
	Physicans Memorial H		YES NO
	NAME OF DECEASED (Type or print) NARY First RuTH	FARMER 4. DATE OF DEATH JUNE 22	Yeor 1959
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Twist building	UNDER 24 HRS
+	-EMALE N WIDOWED DIVORCED	/June 24 , 1959 yrs. Months 2011	lours Min.
100	usual Occupation (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Y	VHAT COUNTRY
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	James Swans	Mort un farmer	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT Address	
,,,	No No	right & Bournan Branton	intro
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).	INTERVAL	L BETWEEN ND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Fluid and 66	ection te Subalance /12	vh.
	772.0 DUE TO -/		
	Conditions, if ony, which) (b) // Ourture		wh,
	gove rise to immediate cause (a), stating the underlying cause last.		
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	WAS AUTOPSY PERFORMED?
CATION	none	YES	
CERTIFI	200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Port I or Part II of Item 18:)	
WEDICAL		ACE OF INJURY (Home, form, 201, (City or town) (County)	(Stole)
MED	p. m. No myntey of work at work 1		les, He
	21. I certify that I toal charge of the remains described about	T	and in my
	opinion death resulted fram: Natural causes . Accident	, Suicide , Hamicide , Undetermined manner	
	ACTUAL SIGNATURE 1/8 Detto	M.D. CHIEF MEDICAL EXAMINER []	ATE SIGNED
	EXAMINER'S V. B. DETTOR	ASSISTANT MEDICAL EXAMINER () 6-23-	-59
4	Sescret Jun 23-59 St War	R CREMATORY 22d LOCATION (City, 10Wn, or county)	Mid.
23.	FUNERAL DIRECTOR'S BIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	
	MAD VIOLIT TURNED HOUSE	DATE HIN 2 9 189 College & House	

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FOR STATE HEALTH DEPT. sory, please flor. Page our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is pressenty, please execute the criticole, writing it word "pending" in pencil in Item 18. Give Pages 1, 2, and 3% the funeral flor. Page 4 should be arded to the fixed framiner's Office along with form PM3. Page 5 for retained Mryour files. TO FUNERAL DIRECTOR: Page 3 mauld be used as a byrial-transit permit. File pages 1 and 2 with the State Board of Health. or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CCOO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

. 0033		Reg. D	ist. No.					
I. PLACE OF DEATH G. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside o. STATE D. C. b. COUNTY	ence before admission)					
b. CITY OR TOWN (If outside corporate limits, end give nearest town) Benedict	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL one Washington	d give nearest town)					
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE					
FEFERTRITE	atuxal nt River	1651 Lamont Street N. W.	YES NOTE					
3. NAME OF DECEASED (Type or print) Regino	First Middle Ga	arcia 4. DATE OF DEATH TUNE	23 1959					
5. SEX 6. COLOR OR RAI	CE 7. MARRIED NEVER MARRIED		TYEAR IF UNDER 24 HES.					
Male White	WIDOWED DIVORCED	Depuember 0 , 1977 24 yrs.	Days Hours Min.					
100. USUAL OCCUPATION (Give kind of wo during most of working life, even if retire			ZEN OF WHAT COUNTRY?					
Bussboy	Hotel	, , , , , , , , , , , , , , , , , , , ,	uban Republic					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
Miguel Garcia		Victoria Montalvo						
15. WAS DECEASED EVER IN U. S. ARMED		INFORMANT Address						
No	None M	Higuiel Garcia 1651 Lamont St	. N. W., D.					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	(b) Accedent	af Drowning	Zmin.					
PART II. OTHER SIGNIFICANT OF THE PRIMARY OF CONTRIBUTING TO CAUSE OF DEATH.	one provo	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	While Swim	Enter notice of injury in Port I or Port II of item 18.) mine (- possibly abdom	unal Ceaus					
20c. TIME OF INJURY Month, Day, Hour G. m. 6-23	Year 20d. INJURY OCCURRED 20e. PLA While Not while of work of work	ACE OF INJURY (Home, form, 201. (City or town) (Contory, street, office bidg., etc.) Bluedict, Club	reles, Md,					
21. I certify that I taak char	ge of the remains described abo	ave, held an Autopsy , Inspection , Inquir	y Dand in my					
opinion death resulted fram: Natural causes . Accident Suicide . Homicide . Undetermined manne								
ACTUAL SIGNATURE 7/2 4	ettor	M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED					
EXAMINER'S V. B. J	DETTOR	ASSISTANT MEDICAL EXAMINER 6-	25-59					
Removal Specify) Removal Specify	Calon Cemeter		- LORIDA					
23. FUNERAL DIRECTOR'S SIGNATURE	Hart & EDRESSER !	1 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE					
Archart Funeral He	ome , Inc. La Plata .	Md. / DATE JUL 1 '59	10					

48 MEDICAL ENGANISH'S CERTIFICATE OF BEATH THE THE PERSON OF THE PERSON O

FOR STATE HEALTH DEPT.

tor, please tor. Page your files. the funeral TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the cardicale, writing word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3, the funeral 4 should be anded to that Andelad Examiner's Office along with form PM3. Pages 5. To be retained TO FUNEAL DIRECTOR; Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death. I

VS. AISME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6700 Reg. Dist. No.

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rles		MARYLAND	4.0			en	
outside corporate limits, write ock Point	e RURAL	c. LENGTH OF STAY IN 16				RURAL ond give	nearest town)
L OR INSTITUTION (If not in hosp	ital, give street address)		A			e. IS RESIDENCE ON A FARM? YES NO
FRANCIS	sf	Middle ROGER GOL	Lost DSM T TH	4. DATE OF DEATH	June	h Doy	y Yeor , 19 59
6. COLOR OR RACE White				1935	P. AGE (In years lost birthday) 23 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
life, even if retired)			Maryland	l	untry)	12. CITIZEN C	OF WHAT COUNTRY?
				Penn			
R IN U. S. ARMED FO (If yes, give war or dates of	service)	-30-70101		0-71		1-1-1-1	11. 16.
			. George A.	Goldsm	ttn - 10		
H WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	10	ichal 14	emoule 160 F	ege.	0	ON /	fer 29 min
iate cause)	ruan jora	CC OLU	icun			occ _j × j rocc
		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO D
Mone !	His	Curay 7	elizent a	arm, 1201. (City	cide	(County)	(Stote)
6-618	- 11	k ot work MRt	3	KOCK	KPOINT	- CHAR	IES, MA
			_/ _	· · · · ·			and in my
resulted from:	natural c	ouses [], Accident [a' anicide []'	numerae	, Undere	rminea manr	ner [_]
VADA	ello	>	_M.D.			1 /	DATE SIGNED
V. B. D	ET.	TOR, M.L	ACT			6-6-	-57
N. 226. DATE THERECO	OF A						(Stote)
S SIGNATURE CLEEN NERAL HOME	inc.			т. р		STRAK'S SIGNATION & H	
	FRANCIS 6. COLOR OR RACE White ON (Give kind of work g life, even if refired) A. Goldst ER IN U. S. ARMED FO (If yes, give wor or dates of TH (Enter only one con H WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO DUE TO ONLY. which liefe cause INTRIBUTING (C) ONLY ONL	FIRANCIS 6. COLOR OR RACE 7. MARRIEL White WIDOWED NI (Give kind of work done of one of retired) A. Goldsmith FRINUS. ARMED FORCES? If (1923, give war or doles of service) THE (Enter only one couse per line for the WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO DUE TO DUE TO ONLY. which diote couse SEE WAS VIRIBUTING VIR	DUSTING CORPORTED STAY IN 16 COCK POINT AL OR INSTITUTION (If not in hospital, give street address) First Middle FRANCIS ROGER GOL 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED MIDDIST. ON Give kind of work done 10b. KIND OF BUSINESS OR INDUST. ON Farm CR IN U. S. ARMED FORCES? HE SOCIAL SECURITY NO 17. IN 17 and 18 and	C. CITY OR TOWN AL OR INSTITUTION (If not in hospital, give street address) First FRANCIS C. COLOR OR RACE FIRST Middle FRANCIS C. COLOR OR RACE FIRST Middle FRANCIS ROGER GOLDSMOTH C. COLOR OR RACE FRANCIS C. COLOR OR RACE FOR MIDDWED DIVORCED July 21, Maryland DIVORCED July 21, Maryland DIVORCED July 21, Maryland DIVORCED July 21, Maryland To Maryl	ARYLAND ON ROPER SUPPLY AND STREET ADDRESS FIRST MICHOR OF RACE 7. MARRIED DIVORCED July 21, 1900 ON Give kind of work done on Farm No. Give kind of work done on Farm No. George A. Goldsmith, Sr. FIRST WILL S. ARMED FORCESS JOS SOCIAL SECURITY NO. (If you which lost of work done of work done on the work done of work done on Farm No. George A. Goldsmith Sr. FIRST WAS CAUSED BY: IMMEDIATE CAUSE (6) Loss of the security of the work done of work done of work done on Farm No. George A. Goldsmith Sr. FIRST WAS CAUSED BY: IMMEDIATE CAUSE (6) Loss of the security of the work done of work done on Farm No. George A. Goldsmith Sr. FIRST WAS CAUSED BY: IMMEDIATE CAUSE (6) Loss of the work done of work done of work done wore	DIVIDE CORPORTS INVITED BUT ALL OF STAY IN 16 C. CITY OF TOWN (If outside corporate limits, write but all ock Point c. LENGTH OF STAY IN 16 C. CITY OF TOWN (If outside corporate limits, write book Point Tompkin sville AL OR INSTITUTION (If not in hospital, give street address) AL OR INSTITUTION (If not in hospital, give street address) AL OR INSTITUTION (If not in hospital, give street address) AL OR INSTITUTION (If not in hospital, give street address) AL OR INSTITUTION (If not in hospital, give street address) AL OR INSTITUTION (If not in hospital, give street address) AL ORTE Mont FRANCIS FIRST Middle ROGER GOLDSMOTH B. DATE OF BIRTH 1935 P. AGE (in year) INSTITUTION (If not in hospital, give street address) PATION (Sive kind of work done of the NIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) IN MONTHER'S MAIDEN NAME Patricia Penn Address Patricia Penn Address In NO S. ARMED FORCES? PASSOCIAL SECURITY NO IT. INFORMANT Mr. George A. Goldsmith - To IN (Enter only one couse per line for (o), (b), and (c).) H WAS CAUSED BY: IMMEDIATE CAUSE (o) LEE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN NOT ADDRESS AND CHARGE AND COUNTRY OCCURRED. (Enter noture of injury in Fort 1 or Fort 11 of Hem 18.) PATION OF THE ORDINAL EXAMINER OF	DE TOMORTO

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FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necksary, please execute the certificate, writing ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3. The funeral plan. Page 4 should be larded to the Medical Examiner's Office along with farm PM3. Page 5 be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremation, ar removal, and in any event within 72 hours after death.

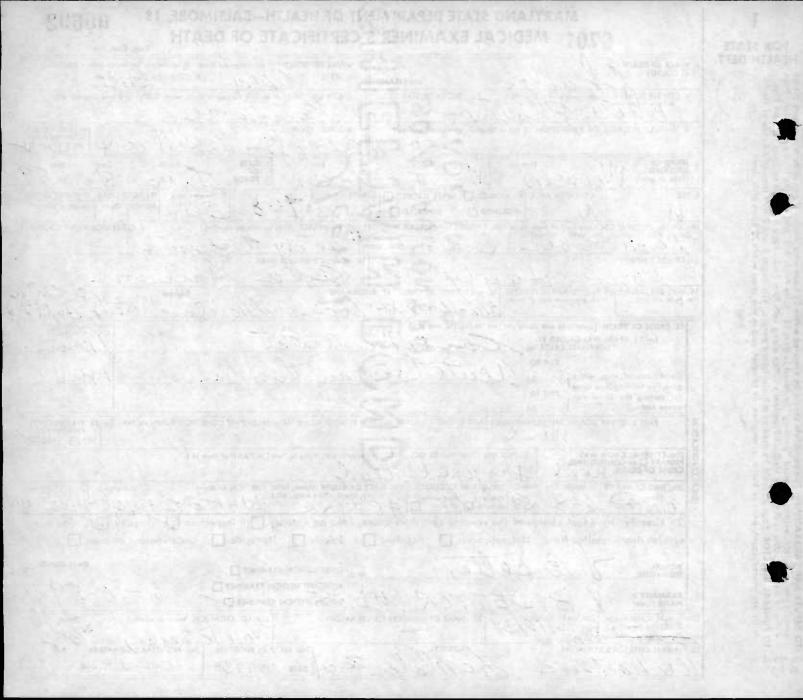
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VS. A15ME 5M 2/57

MA	KILAND SI	ALE DEPARTMEN	NI OF HEALIH-	-RALIIMOKE,	18	06692
CHOT	MEDICAL	EXAMINER'S	CEDTIEICATE	OF DEATH		110000
6701	MEDICAL	LYWIIIITEK 2	CERTIFICATE	OF DEATH		D'. A M.

1. PLACE OF DEATH O COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (It of tyldo corporate limits, frite RURAL C. LENGTH OF STAY IN 16	c. CITY OR JOWN, (If outside corporate limits, write RURAL and give nearest town)
and give neglest town of	Bellimore 3V01-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1238 April All Off YES NO D
3. NAME OF DECEASED (Type or print) WOODSON WEST	HARDY 4. DATE Month Day Year 9 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Rua 301808 9. 2018 OF British Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	TRY 1. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hardy	ada Hollion
15. WAY DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT - Address 14248 Worth
576-10-3942	Flosher Moretavel aug Ball no
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	e aust /min.
420.1 DUE TO POSTO	\mathcal{H}
Conditions, if ony, which gave rise to immediate cause	many mountains min.
(a), stating the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
5 None	PERFORMED? YES NO D
CAUSE OF DEATH. Home Drowned de	Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. WIJURY OCCURRED 20e. PLANTING OF While of work of work of work of work	ACE OF INJURY (Home, Form, 201. (City or lown) lary, street, office bldg., etc.) WHITE PLAINS (HARLES M.)
21. I certify that I taok charge of the remains described abo	
opinion death resulted from: Natural causes . Accident	, Suicide, Hamicide, Undetermined manner
ACTUAL SIGNATURE 7/ B Selloy	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S NAME (Type) V. B. DETTOR M.	ASSISTANT MEDICAL EXAMINER 1 6-10-59
220. BURIAL CREMATION, 1226. DATE THEREOF 59 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d, LOCATION (City, 16 wn, or county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'O BY REGISTRAR 246. REGISTRAR'S SIGNATURE
wered me of appole	DAYE JUN 17'59 Criting S. Frank



FOR STATE HEALTH DEPT. sary, please itar. Page your files. W TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is not execute the reficate, writing ward "pending" in pendit in Item 18. Give Pages 1, 2, and the funeral at should be arded to the refined Examiner's Office along with farm PM3. Page 5 in the retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6702 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Pag Dist No

		key, bisi. No.					
COUNTY Chartes MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution of STATE Deceased lived. If institution of the state						
c. LENGTH OF STAY IN 16 and give nearest law) ond give nearest law) on Smoy & 3 y N	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give neorest town)					
NAME OF HOSPITAL OR ASTITUTION (If for in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FAMA? YES NO					
ME OF CEASED DE First (dd Middle 7	2ckson 4. DATE OF DEATH Jun	e 4 19 5 9					
6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. WIDOWED DIVORCED 1	DATE OF BIRTH Auf. 1875 9. AGE (in years log birthday) yrs.	Months Days Hours Min.					
SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTING MOST of working life, even if retired) Hous Swife Own Home	Nay Smoy . Md.	12. CITIZEN OF WHAT COUNTRY?					
Temes Butles	14. MOTHER'S MARTEN NAME & Gib So	W.					
AS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service) (If yes, give wor or doles of service)	FORMANT Address Hang Emo	y. otal (Brother)					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	clusin	INTERVAL SETWEEN ONSET AND DEATH					
420, DUE TO Aybertensur	e Heart Disolite	342					
a), stoting the underlying DUE TO (c)							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO NO					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) CAUSE OF DEATH.							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work of work							
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry ond in my							
opinian death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner							
CTUAL Thankll Husay ma	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED					
XAMINER'S Frank A Justy 07-0	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	6/4/52					
EMOVAL (Specify)	- 7/12.	or caugity) (State)					
here Director's SIGNATURE Kenkens 4804 &		TRAN'S SIGNATURE					
	ARYLAND TY OR TOWN (If euriside corporate limits, write BUPAL ond give recreat local) NAME OF HOSPITAL OR ASSISTITUTION (If for in hospital, give street address) ME OF EASED per or print) ME OF EASED per or print) SUAL OCCUPATION (Give kind of work done lob, kind of Business or Industring life, even if retired) AS DECEASED EVER IN U. S. ARMED FORCES? Inc. SOCIAL SECURITY NO. IV. IN. S. ARMED BY: IMPRINT OR DEATH (Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ON CHIEF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. IV. IN. IN. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. IV. IN. IV. IV. IV. IV. IV. IV. IV. IV. IV. IV	DINTY Charles with the purpose limits, with purpose of the purpose					

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FOR STATE HEALTH DEPT. sary, please tor. Page your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is proceed execute the ramificate, writing word "pending" in pencil in Item, 18. Give Pages 1, 2, and the funeral 4 shauld be arded to the fire Medical Examiner's Office along with form PM3. Page 5 in the retained for y TO FUNERAL DIRECTOR: Page 3 shauld be ased as a burial-transit permit. File pages 1 and 2 with the State Board.

M 72 hours ofter death.

ar its designated agent, priar to burial, crematian, ar removal, and in any event wil

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CTO2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Items 7,8,9,10 Fil	mG244 7-14-59 et Reg. Dist. No.									
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
Charles MARYLAND	o. STATE TH ary and b. COUNTY Calvest									
b. CITY)OR TOWN (1) outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
d NAME OF HOSPITAL OF INSTITUTION (If not in basical size that dates)										
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDER ON A FAR									
	YES NO									
3. NAME OF First Middle	Lost 4. DATE Month Day Year									
(Type or print)	JONES DEATH JUNE 27 195									
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	fast high-day)									
MALE NEGRO WIDOWED DIVORCED	5-20-40 19 yrs. Months Doys Hours Min.									
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY									
Farm laborer	maryland U.S.a.,									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Benjamin Jones.	blowthy a Jones									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. (17 yes, no. or unknown) 1 (17 yes, give war or dates at carvice)	INFORMANT Address									
215-38-5946	Benjamin Jones. Hunting town									
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	/ hu									
823X DUE TO 1 14 1	c									
Conditions, If ony, which) (b) Mulliple Su	uple and compound 2 mi									
gove rise to immediate couse (a), stating the underlying	1 510 17									
cause tost. (c) Tractures	both lego 4 geniora									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOI PERFORMED									
	YES NO									
SE PRIMARY LIPOR CONTRIBUTING LI	Enter noture of Injury in Part I or Part II of Item 18.)									
TO CAUSE OF DEATH.	Stuch tridge - Roule # 381									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA 2 10 6.m. 6-27 1959 While Not work of work	ACE OF INJURY (Home, form, 1201. (City or lown) (County) (Slo Jory, street, office bidg., etc.)									
	ighting Paterleut City, F.GCH.Co, L									
21. I certify that I took charge of the remains described obe	ove, held an Autopsy . Inspection . Inquiry . and in									
opinion death resulted from: Notural couses . Accident	Suicide , Homicide , Undetermined monner									
ACTUAL DIB NO HOS	DATE SIGNED									
SIGNATURE OF DELLOY	_M.D. CHIEF MEDICAL EXAMINER									
EXAMINER'S 1/A 1-T-0	ASSISTANT MEDICAL EXAMINER () 6-27-59									
NAME (Type) V. Q. DE / JOR	DÉPUTÉ MEDICAL EXAMINER									
220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	CREMATORY 22d. LOCATION (City, town, or county) (Stote)									
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	roads Sunderland me									
Agree of Rivers	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE									

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 066956704 CERTIFICATE OF DEATH Reg. Dist. No. with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND 1 CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) JALDOR 0 d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? C YES NO TH NAME OF 4. DATE Middle Yeor DECEASED WRENCE (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys WIDOWED [7] DIVORCED [10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) evr-U.S. Govt 13. FATHER'S NAME 17. INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) hr DUE TO any Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110) 19 WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 千 for June, 195, that I last saw the deceased 21. I certify that I attended the deceased fram , and that death occurred at 4:20 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE prior 3 shoul PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c_NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) he 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 2 5 '59 VS A15 (4) 15M 10/57

Page

Sierk-Us out Korlived District of Colombia (. : A. Agues O Coursell Fred Kuhnert Von & Mrs Nora Fahrent, Westerf, 111d

Burns 6-22-59 Ceda Hill Sutland, 114.

FOR STATE HEALTH DEPT.

er death. If any delay is negwary please H. 2, and the funeral transfers. Page 5 ms. oe retained is your files. Thous of the all and 2 with the Stoic Board of Health.

or its designated agent, prior to burial cremation, or remaval, and in any event within 72 hours after death AL EXAMINEP. This certificate should be executed within 24 hours after death. icate, writing word "pending" in pencil in Item 18. Give Pages 1, 2, and anded to the the feed feaminer's Office along with form PM3. Page 5. CTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 TO DEPUTY MEDICAL EXAMINE 4 should be

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6705MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

-									-			
1.	Charles	Potomac	River,		entico ARYLAND	2. USUAL RESIDENCE (o. STATEVINGIN		ed lived. If institu				
1	CITY OR TOWN (If outside and are process fown)	le corporate fimits, write i	RURAL C.	LENGTH OF STA	AY IN 16	c. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town) Woodbridge-Rural						
	NAME OF HOSPITAL C	DR INSTITUTION (IF	not in hospita	at, give street ada	iress)	d. STREET ADDRESS None						A FARM?
	NAME OF DECEASED Type or print) Edgar	Franklir	Mille	Middle		Last	4. DATE OF DEATH	6-27-59	,	Day		fear
5. S	ale. Wi	color or race	MARRIED			ATE OF BIRTH 4-21-25		9. AGE (in years lest birthday) 34 yrs.	IF UNDER	TYEAR Doys	IF UND Hours	ER 24 HRS. Min.
100	USUAL OCCUPATION (Couring most of working life Truck Driver	e, even if retired)		o of Business of Struction		Virginia	le ar fareign c	ountry)		SA.	F WHAT	COUNTRY
13.	FATHER'S NAME Raymond Mi	ller				Virgie Jor						
15. [Yes	WAS DECEASED EVER IN . no. of enknown) (If yo	U. S. ARMED FORC s, give wor er dates al ser	224=	CIAL SECURITY N -22-7024		ORMANT Ce- Marjori	e Mille	Address er Woodbr	idge	Va.		
1	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fatal Submersion SO X DUE TO										med i	
7	Canditions, if any, gave rise to immediate (a), stating the under cause last.	riying DUE TO				om Yacht TRELATED TO THE TERM	MINIAL DISEASE	E COMPLICAL CON	(Chidal SA)		0.1446	
CATION	Fell overb		HONS CON	KINGTING TO DE	201110	T KEEKIED TO THE TEK	WIIANT DISEASI	COMBINON GIV	EN IN PAR			RMED?
CERTIFI	20g. EXTERNAL CAUSE V PRIMARY [] or CONTRIE CAUSE OF DEATH.	VAS BUTING D 206.		ow injury occ	_	er nature of injury in Po	ort f or Part II	of item 18.)	94			
MEDICAL	20c, TIME OF INJURY Hour p. m, 6–2	Manth, Day, Year 27–59 19	While	URY OCCURRED Nat while at work	factor	OF INJURY (Home, for v, street, office bldg., et	rm, 20f. (City	or town)	(Co	unty)		(State)
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection K_, Inquiry, and in managed from: Natural cases, Accident, Suicide, Homicide, Undetermined manner										d in my	
_	SIGNATURE		Seid		محس	M.D. CHIEF MEDICAL I		• 🗖		6-	3045	HENED
	EXAMINENS James	es E.Andre otomac Ave	ews IID.	in Head 1	Mct	DEPUTY MEDICAL	***					
1	BURIAY, CREMATION, (7.3.5	p n	Wood	METERY OR C	REMATORY	22d. LOCAT	TION (City, town,	or county)	n	(State	Cse_
23.	FUNERAL DIRECTOR'S SIG	I have	0	ADDRESS TChl	Pala	240. REC	JUL 6	-0	STRAR'S SIG			

CHEROLOGICAL EXCENING STREET, STREET, OF DEATH THE RELLAND TEN SE HIRE BONG ON THE

FOR STATE HEALTH DEPT.

sory, please for. Page your files. 雕 Boord the funeral TO DEPUTY MEDICAL EXAMINEP. This certificate should be executed within 24 hours after deoth. It any delay is execute the conficore, writing word "pending" in pencil in Item, 18. Give Pages 1, 2, and the funeral 4 should be gorded to the caref Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIXECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State or its designated agent, prior to buriol, cremotion, or removal, and in any event within 12 hours ofter death.

VS. A1SME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6706 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		4.5	U	U	V
Reg.	Dist.	No.			

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
Charles	MARYLAND	o. STATE Maryland b. COUNTY	Charles		
b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]	b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Bel Alton		X Bel Alton			
d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO [X		
3. NAME OF DECEASED (Type or print) W/LL/AM	LEO Middle M	LIRPHY 4. DATE Month OF DEATH JUNE	Doy Year 29 1959		
10.	ARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years leat birthday) 4.5 yrs.	IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 1) during most of working fife, even if retired)	b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
Farmer	On Farm	Charles Co., Md.	U. S. A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Benjamin J. Murphy		Dora Higgs			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. M	FORMANT Address			
Yes, no, er unknown) [If yes, give war or dates of service]	213-40-9863 N	frs. John Lyons-Sister, Be	1 Alton , Md.		
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO [2]		
TRIMARY LOC CONTRIBUTING LA CAUSE OF DEATH. Month, Day, Year La Hour La	Od. INJURY OCCURRED 20e. PLAC Vhile Not while focle t work of work	The notice of injury in Part I or Part II of item 18.) A holy duct of item 18.) E OF INJURY (Home, form, 20f. (City or town) ry, street, affice bldg., etc.) Belalton	Violence (County) (Stote) Charles Red		
21. I certify that I took charge of the	ne remains described ábar	ve, held an Autapsy [], Inspection [],	Inquiry [], and in my		
opinion death resulted fram: Natur	al causes . Accident], Suicide [], Hamicide [], Undeter	mined manner		
ACTUAL 7/B DETT	08	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED		
EXAMINER'S NAME (Type) V. B. DET	TOR	ASSISTANT MEDICAL EXAMINER D	-30-59		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7/3/1959	St. Ignatius				
23. FUNERAL DIRECTOR'S SIGNATURE Chehai	LELADORESS / Thor	240. REC'D BY REGISTRAR 24b. REGIST	TRAR'S SIGNATURE		
Archart Funeral Home,			hur S. House		

ST. EROMITED STATE DEPARTMENT OF THE MELLING STATE OF ALL TRACES PRINCIPAL RECORDS OF THE PROPERTY OF THE PARTY. The state of the s Anni Lenant E de senant

R STATE	MARYLAND STATE DEPAR MEDICAL EXAMINI 6707	HURAN
IN DEPT.	1. PLACE OF DEATH O. COUNTY Charles MARY!	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorestrown) caster (Rural)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Donca ster (Rural)
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) TAMES Middle	PENNY 4. DATE OF Month Day Year DEATH JUNE 22 1959
ours aff	5. SEX Male 6. COLOR OR RACE Negro WIDOWED DIVORCED	1889 Interpretary Months Days Hours Min.
1) ZZ	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milling Saw Mill	DUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY Charles County, Md. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
even	James Penny 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mitilda Jackson 17. INFORMANT Address
	(Yes, no. or unknown) (If yes, give wor or dotes of service)	W 171 7 1 01
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL RETWEEN
	PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cerebrovas	cular Henroulines ont 15mi
	33/X DUE TO 4	and the
	Conditions, if ony, which gove rise to immediate couse	a arterosclerosis yelars
	(c), stating the underlying DUE TO	
	, (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	none Busy	PERFORMED? YES NO 17
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ED. (Enter noture of injury in Port,1 or Port II of item 18.)
	E CAUSE OF DEATH. NOVE SOON FAME	our buset at denner lable.
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20d. Hour While of work of work of work	PLACE OF INJURY (Home, form, 201, (City or town) (County) (Stole)
		no injury toucaster, charles me
	21. I certify that I took charge of the remains described	
	opinion death resulted from: Notural causes . Accide	ent, Suicide, Homicide, Undetermined monner
	ACTUAL SIGNATURE 7 /2 Deltos	M.D. CHIEF MEDICAL EXAMINER
2	EXAMINER'S V.B. DETTOR	ASSISTANT MEDICAL EXAMINER [] 6-24-59
Q	220, BURIAL CREMATION, 1226, DATE THEREOF 226 NAME OF CEMERAL	
Po	REMOVAL Specify 6/25/1959 mt Hape	, Cernitary Charles Ca mil
3	28. SUBJECTION'S SIGNATURE ASIA 4804 HASA	ue ho 26. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	An chart runeral Home, Lac. La Flat	Md. DATEUN 2 9 '59 Cathan 8 House

The state of the s

FOR STATE HEALTH DEPT.

ctar. Page ary, please Heoth,

TO DEPUTY MEDICAL EXAMINEP. This certificate should be executed within 24 hours after death. If any delay is nearest execute the carticole, writing word "pending" in pendit in Item, 18. Give Pages 1, 2, and the funeral 4 should be sarded to the cart Medical Examiner's Office along with form PM3. Page 5 may be retained for 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar remayal, and in any event within 22 hours after death.

16

VS. A15ME BM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CHOD

0700 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	, 00 ()
1. PLACE OF DEATH O. COUNTY CRayles MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE b. COUNTY C. C. a.	re odmission)
b. CITY OR TOWN If outside corporate limits, write RURAL ond give nearest fours) C. LENGTH OF STAY IN 1b C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nec	e. IS RESIDENCE
	04 X-2	ON A FARM? YES M NO
3. NAME OF DECEASED (Type or print) First Middle	SMITH DEATH JUNE 27	1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. NEGRO WIDOWED DIVORCED	lost burthdaut	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if refired) Student-Farm laborer	RY 11. BARTHPLACE (State or foreign country) 12. CITIZEN OF U.S.	WHAT COUNTRY?
13. FATHER'S NAME	Marie Dilan	3 2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, er unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. IN	MORMANT Address Marie Co-Ly Prince Exide	sick
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorbage C	AL BETWEEN AND DEATH
Conditions. If ony, which gove rise to immediate cause (a), stating the underlying couse last.	2 of chest 2	nein
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		WAS AUTOPSY PERFORMED?
CAUSE OF DEATH. auto accident	-Stuch bridge - Route #	381
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLAC While Not while of work of work of work	CE OF INJURY (Home, farm. 201. (City of town) ory, street, affice bldg., etc.) Raturent lety, P.G. C.	H.G. LINE
21. I certify that I taak charge of the remains described abar apinion death resulted fram: Natural causes . Accident		and in my
ACTUAL BIGNATURE & B Deltor	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S V, B. DETTOR	ASSISTANT MEDICAL EXAMINER () 6-2/-	-57
220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR PLUM P	Point Calvert,	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE PRINCE Fredrick	6 Md DATE JUL 2 '59 Cushin & History	

The company of the co Commence of the second of the

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	ACHAA
	4	6709 CERTIFICATE OF DEATH Reg. Dist	116700 . No.
Page 4	J	PLACE OF DEATH a. COUNTY Charle. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE	
funeral sid be f	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) C. LENGTH OF STAY IN 1b Rural, TOMPKINSVILLE	
1 2 sho		d. NAME OF HOSPITAL (If not in hospital, give street address) Physican Ulmud Ump. d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
illed in	3.	NAME OF DECEASED (Type or print) First / Middle TEMPLEMAN 4. DATE OF DEATH JUNE 1	Doy Year 22 1959
S. Page	5.	MAKKIED MEVER MAKKIED I B. DATE OF BIKTH	YEAR IF UNDER 24 HRS. Pays Hours Min.
and company death.	10	HOUSE 11 CON 11 CON 1 HOUSE NOW 1 1	EN OF WHAT COUNTRY
physician a	13	Frank Middleton Adaline Bell	
ng physe remo	15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT ROOM (If you, give wor or dates of service) NONE ROGET TEMPLEMENT TOMOR INST	ille Mt.
attendi attendi it within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Personal College Coll	INTERVAL BETWEEN ONSET AND DEATH
that the list. The list. The list. The list.		Conditions, if any, which) (b) Central Nascular accordent	366
requires		gave rise to immediate cause (a), stating the under. lying cause last. DUE TO (c) Hermuture Leart doslare	gears.
physici physici ial-tran iaval, a	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
ficate has a rem	L CERTIF!	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)	
in erritarian	MEDICAL	20c. TIME OF INJURY Month, Day, Year Not White Not white at work at work at work at work at work at work at work.	unty) (State)
Noing e haspit : After ched fa urial, cr		21. I certify that attended the deceased from July 19 49 to 22 dec, 1949, that I la alive on 22 dec, 1949, and that death occurred at 6,20 AM, from the causes and on the	st saw the decease
by the state of th		ACTUAL SIGNATURE ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE ADDRESS (Street, city or town, stote)	DATE SIGNED
relain should strar pri	1	PHYSICIAN'S ARTHUR O. WOODDY MARYLAIND.	
FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUNE	22	O. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) C-24-59 ADDITION (City, town, or county)	(State)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laldy, My DATENN 3 0 159	IATURE
10/11/		Mariny - Fernand John Walker J 1 1 DAISHN 3 0 159 Cutton & the	wat d

Checker Charles Charles Charles Leave . To miking the c Physican User and the p.

Cotall TENTREMAN June 22 51 formal Coloners and a supply the state of the supply the foresign our trans with the bill but the Frank Middleton Adaline Kell NO None Yoger Templement, Implimente Mit. Comment Ryang College - - - - - -.) 21. Central Warmen recordent ----Hopertun - heart comme 22 June 22 June 29 22 12+12+2 27 cm. 23 ARTHOL C CUCOTOR SIL TACKE FILE Ever 2-24-59 Holy Obset b/A = 6.22 -The Brown Frank How Walder 1888 death.

